

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HD		9-8-00
O.I.P.E. CLASSIFIER		10	9/11/00
FORMALITY REVIEW		59158	10-24-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	8/1/02	
2	✓	11/4/02	
3	✓	6/27/03	
4	✓	1/5/04	
5	✓	5/29/04	
6	0	0	=
7	0	0	=
8	0	0	=
9	0	0	=
10	0	0	=
11	✓	✓	✓
12	✓	✓	✓
13	✓	✓	✓
14	0	0	=
15	0	0	=
16	0	0	=
17	0	0	=
18	0	0	=
19	0	0	=
20	0	0	=
21	0	0	=
22	✓	✓	✓
23	✓	✓	✓
24	✓	✓	✓
25	✓	✓	✓
26	✓	✓	✓
27	✓	✓	✓
28	0	0	=
29	0	0	=
30	0	0	=
31	✓	✓	✓
32	✓	✓	✓
33	✓	✓	✓
34	✓	✓	✓
35	✓	✓	✓
36	0	0	=
37	0	0	=
38	0	0	=
39	0	0	=
40	✓	✓	✓
41	✓	✓	✓
42	✓	✓	✓
43	✓	✓	✓
44	✓	✓	✓
45	✓	✓	✓
46	✓	✓	✓
47	✓	✓	✓
48	✓	✓	✓
49	✓	✓	✓
50	✓	✓	✓

Claim	Final	Original	Date
51	✓	8/1/02	
52	✓	11/4/02	
53	✓	6/27/03	
54	✓	1/5/04	
55	✓	5/29/04	
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Claim	Final	Original	Date
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133	✓		
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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